

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
C674-74-55

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1							51						
2		1						52						
3		1						53						
4			1					54						
5			1					55						
6			1					56						
7			1					57						
8			1					58						
9			1					59						
10			1					60						
11			1					61						
12			1					62						
13			1					63						
14			1					64						
15			1					65						
16		1						66						
17		1						67						
18		1						68						
19		1						69						
20		1						70						
21		1						71						
22		1						72						
23		1						73						
24		1						74						
25		1						75						
26		1						76						
27		1						77						
28		1						78						
29		1						79						
30		1						80						
31		1						81						
32		1						82						
33		1						83						
34		1						84						
35		1						85						
36		1						86						
37		1						87						
38		1						88						
39		1						89						
40		1						90						
41		1						91						
42		1						92						
43		1						93						
44		1						94						
45		1						95						
46		1						96						
47		1						97						
48		1						98						
49		1						99						
50		1						100						
TOTAL IND.	13							TOTAL IND.						
TOTAL DEP.	36							TOTAL DEP.						
TOTAL CLAIMS	49							TOTAL CLAIMS						